

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	Eric Neil Miller		
Application No.:	09/770,599 Patent No. 7,627,483	Examiner:	
Filed:	January 26, 2001	Group Art Unit:	
Confirmation No.	6893	Docket:	60130,0001USU1
Title:	Online Donation Management System		

Transmittal Form

☒ Enclosures

<input checked="" type="checkbox"/> Transmittal Sheet <input type="checkbox"/> Response to: <input type="checkbox"/> Notice of Missing Parts <input type="checkbox"/> Notice to File Corrected Application Papers <input type="checkbox"/> Copy of Notice to File Corrected Application Papers <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> Affidavit(s) / Declaration(s) <input type="checkbox"/> Submission of Formal Drawings <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Reply / Amendment to: <input type="checkbox"/> Restriction Requirement <input type="checkbox"/> Final Office Action <input type="checkbox"/> Request for Continued Examination (RCE) transmittal <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Request for Pre-Appeal Brief Conference <input type="checkbox"/> Pre-Appeal Brief <input type="checkbox"/> Extension of Time <input type="checkbox"/> Issue Fee PTOL-85	<input type="checkbox"/> Petition <input type="checkbox"/> 1.47(a) Non-Signing Inventor <input type="checkbox"/> Attachments (Exhibits) <input type="checkbox"/> Declaration under 37 CFR 1.47(a) <input type="checkbox"/> Petition for _____ <input type="checkbox"/> Information Disclosure Statement with <input type="checkbox"/> Form PTO/SB/08A (pages) <input type="checkbox"/> Non-Patent Reference(s) <input type="checkbox"/> Foreign Patent Reference(s) <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Revocation New Power of Attorney <input checked="" type="checkbox"/> Statement under 3.73(b) <input type="checkbox"/> _____
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☐ Fees

Claims Remaining After Amendment	Total Claims	Highest Number Previously Paid For	Present Extra	Rate	Fee
Total Claims	- 20	= 0	x	60.00	= \$0.00
Independent Claims	- 3	= 0	x	250.00	= \$0.00
MULTIPLE DEPENDENT CLAIM FEE					\$0.00
OTHER:					\$0.00
TOTAL FEE					\$0.00

Method of Payment

<input type="checkbox"/> Credit Card	<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>50-3634</u>	Deposit Account Name: <u>HBB</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)		<input type="checkbox"/> Charge fee(s) indicated above <input type="checkbox"/> Charge any overpayments <input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 50-3634.

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By: /Charles L Warner, Reg #32320/
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 Date: July 26, 2012
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